

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/550601</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1					
3		2					
4		①					
5	1						
6	1						
7		①					
8		1					
9							
10							
11							
12							
13							
14							
15							
16		1					
17		1					
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48							
49							
50							
TOTAL IND.	3	↓	3	↓		↓	
TOTAL DEP.	5	←	7	←		←	
TOTAL CLAIMS	8		10				

						TOTAL IND.	↓	↓	↓
						TOTAL DEP.	←	←	←
						TOTAL CLAIMS			